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Bib Data Sheet

CONFIRMATION NO. 5500

SERIAL NUMBER 10/701,053	FILING DATE 11/03/2003  RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. 23-66882
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APPLICANTS

Anna Gutowska, Richland, WA;  
 Karol J. Krzyminski, Richland, WA;

\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 09/603,730 06/23/2000 PAT 6,660,247

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/11/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS  
 KLARQUIST SPARKMAN, LLP  
 One World Trade Center, Suite 1600  
 121 S.W. Salmon Street  
 Portland, OR  
 97204

TITLE  
 Multiple stimulus reversible hydrogels

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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